

Psychiatric Residential Treatment Facilities: Quarterly Seclusion and/or Restraint Reporting Form

South Carolina Department of Health and Human Services
Division of Behavioral Health
2021

Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet the medical necessity criteria for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Psychiatric Residential Treatment Facilities (PRTF) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering PRTF services.
 - While this presentation is designed to enhance understanding of the Medicaid Standards regarding the Psychiatric Hospital Services Manual, all aspects and policy are not covered in this presentation. Please review the Psychiatric Hospital Services Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Objectives

At the completion of this presentation, providers will be able to:

1. Gain a better understanding of the structure, characteristics, policies and procedures regarding PRTFs.
2. Identify regulatory requirements for PRTFs.

General Information

- PRTFs **must** comply with provisions of 42 CFR Subpart G § 483.350 to 483.376 regarding conditions of participation, restraint and seclusion and must maintain a current attestation of compliance with SCDHHS.
- SCDHHS' Behavioral Health program incorporated Building Bridges Initiative regarding the duration of seclusion and restraints.
- Each order for restraint or seclusion must be limited to no longer than the duration of the emergency safety situation and must under no circumstances exceed two hours for residents ages 18 to 21, one hour for residents ages 9 to 17 or one-half hour for residents under age 9.

Quarterly Reports of Seclusion or Restraint

- Facilities are required to submit quarterly reports of seclusion or restraint occurrences to SCDHHS.
- These reports must include the following:
 - Medicaid ID;
 - Staff involved;
 - Name and credentials of ordering physician or other licensed practitioner as permitted by the state and facility;
 - Date and time of intervention;
 - Identify type of intervention (Seclusion or Restraint); and,
 - Reason for intervention
- Reports must be submitted electronically in a secure format to behavioralhealth004@scdhhs.gov. The deadline for submitting reports is 30 days after the end of the quarter.

Seclusion and/or Restraint Reporting Form

- Facilities must use the Seclusion and/or Restraint Reporting Form found in the forms section of the Psychiatric Hospital Services Manual: <https://www.scdhhs.gov/provider-type/psychiatric-hospital-services-manual-070119-edition-posted-070119>

QUARTERLY SECLUSION AND/OR RESTRAINT REPORTING FORM

TO: SCDHHS Division of Behavioral Health

Name of Facility:

Name of Reporting Staff:

Facility Address:

Facility Telephone:

(xxx) xxx-xxxx

Reporting Data

Quarter (list specific months):

Resident Name	Medicaid ID	Staff Involved	Date of Intervention	Time In	Time Out	Location of Intervention	Ordering Physician	Type of Intervention (Seclusion or Restraint)	Reason for Intervention



